



**South Carolina Department of Health and Human Services Preferred Drug List (PDL)**  
**Products within PDL Therapeutic Classes are available without Prior Authorization (PA)**  
**Those Therapeutic Classes which have a PA requirement are noted with the posting**  
 Non-listed products belonging to therapeutic classes that comprise the PDL require PA  
 NOTE: ALL Therapeutic Classes are not included on the PDL

**July 1, 2019**

<b>ANALGESIC</b>					
<b>NSAIDs*</b>		<b>OPIOIDS, EXTENDED RELEASE</b>		<b>SHORT ACTING NARCOTIC ANALGESICS</b>	
Diclofenac Sodium	Nabumetone	Butrans*	Morphine Sulfate ER*	Codeine	Meperidine
Ibuprofen	Naproxen Tab/Susp	Embeda*	Morphine Sulfate SA	Codeine/APAP	Morphine IR
Indomethacin	Piroxicam	Fentanyl Patch		Codeine/APAP/caff/butal	Naibuphine
Ketoralac	Sulindac			Codeine/ASA	Oxycodone
Meloxicam				Codeine/ASA/caff/butal	Oxycodone/APAP
				Hydrocodone/APAP	Oxycodone/ASA
				Hydrocodone/Ibuprofen	Tramadol
				Hydromorphone	Tramadol/APAP
*COX-2 specific NSAIDs require PA		*Generic for MS Contin and Kadian *			
<b>TOPICAL NSAIDs AND ANESTHETICS</b>		<b>NEUROPATHIC PAIN</b>			
* All agents in this class require Prior Authorization		Duloxetine	Lyrica*		
Gabapentin					
<b>ANTI-INFECTIVE</b>					
<b>MACROLIDES/KETOLIDES</b>		<b>TETRACYCLINES</b>		<b>ONYCHOMYCOSIS AGENTS</b>	
Azithromycin	Erythromycin Base	Doxycycline Hyclate IR		Griseofulvin Suspension	
Clarithromycin	Erythromycin Ethylsuc	Doxycycline Monohydrate (50MG, 100MG) capsules		Griseofulvin Ultramicronized Tablet	
Clarithromycin XL	Erythrocin Stearate	Minocycline IR		Terbinafine	
EryPed*		Tetracycline			
Ery-Tab*					
<b>CEPHALOSPORINS, 2ND GENERATION</b>		<b>CEPHALOSPORINS, 3RD GENERATION</b>		<b>HERPES ANTIVIRALS</b>	
Cefprozil		Cefdinir (all dosage forms)		Acyclovir	
Cefuroxime				Valacyclovir	
<b>NITROIMIDAZOLES</b>		<b>FLUOROQUINOLONES</b>			
Metronidazole IR	Vancomycin Caps	Ciprofloxacin IR tablets    Levofloxacin			
Firvanq*					
<b>CARDIOVASCULAR</b>					
<b>ACE INHIBITORS &amp; CCB COMBINATIONS</b>		<b>ANTIHYPERTENSIVES, SYMPATHOLYTICS</b>		<b>ANGIOTENSIN RECEPTOR BLOCKERS (ARB)</b>	
Benazepril	Lisinopril/HCTZ	Catapres-TTS*		Benicar*	Losartan/HCTZ
Benazepril/HCTZ		Clonidine (Oral)		Benicar HCT*	Telmisartan
Captopril	<b>CCB Combinations</b>	Guanfacine IR (Oral)		Eprosartan	Telmisartan HCT
Enalapril	Amlodipine Besylate	Methyldopa (Oral)		Irbesartan	Valsartan/HCTZ
Enalapril/HCTZ				Irbesartan/HCTZ	
Lisinopril				Losartan	
<b>BETA BLOCKERS</b>		<b>CALCIUM CHANNEL BLOCKERS (CCB) DIHYDROPYRIDINES</b>		<b>CALCIUM CHANNEL BLOCKERS (CCB) NON-DIHYDROPYRIDINES</b>	
Acebutolol	Metoprolol Tartrate	Amlodipine		Cartia XT*	
Atenolol	Nadolol	Felodipine		Diltiazem	
Atenolol/Chlorthalidone	Pindolol	Isradipine		Diltiazem ER and XR	
Betaxolol	Propranolol	Nicardipine		Taztia XT®	
Bisoprolol Fumarate	Propranolol ER	Nifedipine ER and SA		Verapamil	
Bisoprolol/HCTZ	Propranolol/HCTZ			Verapamil ER	
Carvedilol IR	Sotalol			Verapamil SR	
Labetalol	Timolol				
<b>CCB/ARB COMBINATION PRODUCTS</b>		<b>DIRECT RENIN INHIBITORS</b>		<b>ENDOTHELIN RECEPTOR ANTAGONISTS</b>	
Amlodipine/Valsartan		Tekturna**		Letairis**	
Exforge HCT*		Tekturna HCT**		Tracleer®	
		*Prior Authorization is required if an ARB has not been prescribed previously.		*Patients currently established on non-preferred therapy will be grandfathered.	

CARDIOVASCULAR (Continued)					
ARNI ARB/NEPRILYSIN COMBO		BILE ACID SEQUESTERING RESINS		FIBRIC ACID DERIVATIVES	
Entresto*		Cholestyramine Colestipol Tablet Cholestyramine Light		Gemfibrozil Fenofibrate (gen Tricor)	
PAH-PDE5 INHIBITORS**		STATINS		CHOLESTEROL ABSORPTION INHIBITORS	
Adcirca* Sildenafil <i>** All agents in this class require verification of PAH diagnosis.</i>		Atorvastatin Pravastatin Fluvastatin Rosuvastatin Lovastatin Simvastatin		Zetia*	
NIACIN DERIVATIVES		STATIN/CCB COMBINATION PRODUCTS		NON-NITRATE ANTIANGINALS	
Niaspan*				Ranexa*	
CENTRAL NERVOUS SYSTEM					
ALZHEIMER'S AGENTS					
CHOLINESTERASE INHIBITORS		NMDA RECEPTOR ANTAGONIST			
Donepezil (tablets) Rivastigmine Galantamine IR		Memantine HCl IR/SOLN			
ANTI-CONVULSANTS					
CARBAMAZEPINE DERIVATIVES		FIRST GENERATION ANTICONVULSANTS		SECOND GENERATION ANTICONVULSANTS	
Carbamazepine (all dosage forms) Epilex* Oxcarbazepine		Celontin* Phenytoin Divalproex Sodium Phenytoin Sodium ER Ethosuximide Primidone Felbamate Valproic Acid		Gabapentin Lyrica* Lamotrigine Topiramate IR Lamictal® ODT Zonisamide Levetiracetam <i>*Banzel®, Fycompa®, Gabitril®, Onfi®, Sabril®, &amp; Vimpat® require PA, no step therapy req.</i>	
RECTAL PREPS					
Diastat					
BEHAVIORAL HEALTH					
ANTIDEPRESSANTS, OTHER*		ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS		ATYPICAL ANTIPSYCHOTICS	
Bupropion Phenelzine Bupropion SR Trazodone Bupropion XL Venlafaxine Mirtazapine Venlafaxine ER CAP Nefazodone		Atomoxetine Focalin XR Clonidine ER Methyphenidate IR/SR Dexamethylphenidate IR Methyphenidate ER/LA Dextroamphetamine Tab Quillivant XR™ Dyanavel® XR QuilliChew® Guanfacine ER Vyvanse® Caps ADHD mixed amphetamine salts combo IR/ER		Aripiprazole tabs Risperidone Clozapine Saphris® Latuda* Ziprasidone (caps) Olanzapine Tablets Quetiapine IR  <i>Patients currently receiving a non-preferred agent will be able to continue without a PA.</i>	
<i>*Patients currently receiving a non-preferred agent will be able to continue without a PA. ** Antidepressants indicated for pain have not yet been reviewed and are available without PA.</i>					
ATYPICAL ANTIPSYCHOTICS LONG ACTING INJECTABLES		SELECTIVE SEROTONIN REUPTAKE INHIBITORS			
Ablify Maintena* Invega Trinza™ Aristada* Perseris™ Aristada Initio* Risperdal® Consta® Invega® Sustenna®		Citalopram (tabs/soln) Fluoxetine* (gen Prozac) Escitalopram Paroxetine IR Fluvoxamine Sertraline (tabs) <i>Patients currently receiving a non-preferred agent will be able to continue without a PA. *Not 60mg tab or 90mg DR capsule</i>			
OTHER CNS AGENTS					
ANTI-MIGRAINE SEROTONIN AGONISTS		MULTIPLE SCLEROSIS AGENTS		SKELETAL MUSCLE RELAXANTS	
Sumatriptan Tablets Relpax* Sumatriptan Injection Rizatriptan tab/odt Sumatriptan Nasal Spray		Avonex* Copaxone* 20mg/ml only Avonex Admin Pack * Rebif® Betaseron*		Baclofen Methocarbamol Chlorzoxazone Orphenadrine ER Cyclobenzaprine IR Tizanidine HCl tablets Dantrolene Sodium	
SEDATIVE/HYPNOTICS, NON-BARBITURATES		NON-ERGOT DOPAMINE RECEPTOR			
Temazepam Zolpidem IR		Pramipexole IR Ropinirole IR			

ENDOCRINE AND METABOLIC					
ANTI-DIABETICS					
ALPHA-GLUCOSIDASE INHIBITORS		AMYLIN ANALOGS*		DPP-4 INHIBITORS AND COMBINATIONS*	
Acarbose Glyset*		Symlin*		Janumet*      Jentadueto* Januvia*      Tradjenta*	
* Prior Authorization is required if patient is not currently receiving insulin therapy.					
* PA required if no claim for metformin in history.					
GLP1 INHIBITORS		INSULINS*		MEGLITINIDES	
Bydureon*      Victoza*		Humalog*      Levemir* Humulin*      Novolog® Lantus*		Nateglinide	
*PA required if no claim for metformin in history.		*Vials/Pen Devices covered for all drugs listed above			
SULFONYLUREAS		THIAZOLIDINEDIONES (Thiazolidinediones/Sulfonylurea Combos)		SODIUM-GLUCOSE TRANSPORTER 2 (SGLT2) INHIBITORS	
Glimepiride      Glyburide/Metformin Glipizide Glyburide*		Pioglitazone		Invokana*      Invokamet* Farxiga*      Xigduo™ XR	
*Caution: Glyburide may result in a higher risk of severe prolonged Hypoglycemia in older adults.		* Prior Authorization is required if a single agent thiazolidinedione has not been prescribed previously.		*PA required if no metformin in history.	
BIGUANIDES					
Metformin					
OTHER ENDOCRINE AND METABOLIC AGENTS					
ELECTROLYTE DEPLETERS		BIPHOSPHONATES-OSTEOPOROSIS		CALCITONINS	
Calcium Acetate-capsules      Renagel* Fosrenol*      Renvela*		Alendronate		Calcitonin Nasal Spray Calcitonin Salmon	
GLUCOCORTICOIDS, ORAL		GROWTH HORMONE*		PANCREATIC ENZYMES	
Budesonide EC      Methylprednisolone Cortef      Orapred Cortisone      Prednisolone Soln Dexamethasone      Prednisolone Sod Phos Hydrocortisone      Prednisone		Genotropin*      Norditropin*		Creon      Zenpep*	
* A class level PA is in effect for this class. Once criteria are met, the agents listed on the PDL are preferred.					
GASTROINTESTINAL					
ANTIEMETIC AGENTS		HISTAMINE-2 RECEPTOR ANTAGONISTS		PROTON PUMP INHIBITORS*	
Emend*      Promethazine Metoclopramide      Prochlorperazine Ondansetron		Famotidine tablets Ranitidine		Nexium® Suspension      Pantoprazole Omeprazole	
*See the listing at <a href="http://southcarolina.fhsc.com">http://southcarolina.fhsc.com</a> for quantity limits.				*Preferred PPIs will no longer require step therapy or prior authorization. ** Disintegrating Lansoprazole will continue to be available without PA for patients age 12 and under.	
ULCERATIVE COLITIS THERAPY		GI MOTILITY, CHRONIC		LAXATIVES & CATHARTICS	
Apriso*      Mesalamine Enema Balsalazide Disodium      Pentasa* Canasa® Rectal Supp.      Sulfasalazine		Amitiza*      Movantik* Linzess*		Milk of Magnesia      PEG 3350/Electrolyte Magnesium Citrate      Polyethylene Glycol 3350 Lactulose	
PROGESTINS FOR CACHEXIA					
Megestrol Oral Susp.					
GENITOURINARY					
ALPHA BLOCKERS FOR BPH		ANTISPASMODICS			
Alfuzosin Tamsulosin		Oxybutynin IR      Toviaz* Oxytrol*      VESIcare*			
GOUT					
XANTHINE OXYDASE INHIBITORS					
Allopurinol      Probenecid Mitigare*      Probenecid/Colchicine					

HEMATOLOGICAL & ONCOLOGICAL AGENTS					
ANTICOAGULATNS (Injectable)		ANTICOAGULANTS (Oral)		HEMATOPOIETIC AGENTS	
Enoxaparin	Fragmin*	Eliquis*	Warfarin	Aranesp*	
Fondaparinux		Pradaxa*	Xarelto*	Procrit*	
PLATELET INHIBITORS		PROTEIN TYROSINE KINASE INHIBITORS			
Aggrenox*	Clopidogrel	Gleevec*			
Brilinta*					
HORMONE RELATED THERAPY					
ANDROGENIC AGENTS		ANDROGEN HORMONE INHIBITOR			
AndroGel*		Dutasteride Finasteride			
IMMUNOLOGICS					
IMMUNOMODULATORS, INJECTABLE		IMMUNOMODULATORS, TOPICAL		IMMUNOSUPPRESSANTS	
Enbrel*		Aldara™		Azasan*	Mycophenolate Sodium
Humira*		Elidel® *		Azathioprine	Rapamune®
		*Prescribers: Please use this agent as advised by the respective manufacturer and reserve for only those patients who have failed traditional eczema therapy.		Cyclosporine	Sandimmune®
				Imuran®	Tacrolimus
				Mycophenolate Mofetil	
HEPATITIS B THERAPY*		HEPATITIS C THERAPY		RSV ANTIBODY	
Baraclude® Soln	Entecavir Tab	Eplclusa*		Synagis*	
Epiriv HBV® Soln	Lamivudine HBV	Mavyret™			
		Vosevi®			
*Viread® is unaffected by the PDL and is available without Prior Authorization.		Class level PA is in effect for this class. Once criteria are met, the agents listed on the PDL are preferred. Effective Jan 1, 2017, SC coverage includes Metavir FO-F4.			
OPHTHALMICS					
ANTI-HISTAMINES, OPHTHALMIC		ANTI-INFLAMMATORY, IMMUNOMODULATORS		MAST CELL STABILIZERS, OPHTHALMIC	
Ketotifen	Pazeo®	Restasis®	Xiidra	Alocril	Cromolyn Sodium
Lastacaft®	Zaditor® OTC			Alomide®	
Pataday®					
NSAIDs, OPHTHALMIC		QUINOLONES & MACROLIDS, OPHTHALMIC			
Diclofenac Sodium	Ketorolac Tromethamine	Ciprofloxacin HCl	Vigamox®		
Flurbiprofen Sodium	Nevanac®				
GLAUCOMA THERAPY					
ALPHA-2 ADRENERGICS		BETA BLOCKERS		CARBONIC ANHYDRASE INHIBITORS	
Brimonidine Tartrate		Betaxolol HCl	Levobunolol HCl	Azopt®	
Alphagan P®		Carteolol HCl	Metipranolol	Dorzolamide	
		Combigan®	Timolol Maleate	Dorzolamide - Timolol	
PROSTAGLANDIN AGONISTS					
Latanoprost	Travatan Z®				
Lumigan®					
OTICS					
QUINOLONES, OTIC					
Ciprodex®	Ciprofloxacin				
RESPIRATORY					
ANTI-CHOLINERGICS		NASAL ANTIHISTAMINES		BETA ADRENERGIC DEVICES SHORT-ACTING INHALERS	
Atrovent® HFA	Spiriva® Handihaler®	Azelastine	Ipratropium	ProAir® HFA	Proventil® HFA
Bevespi Aerosphere®	Stiolto® Respimat®				
Combivent®Respimat®					



MISCELLANEOUS		
EPINEPHRINE (INJECTABLES)	EMERGENCY TREATMENT (OPIOID OVERDOSE)	SMOKING CESSATION
Epinephrine (AG) 0.3mg Epinephrine (AG) 0.15mg  AG = Authorized Generic	Narcan® Nasal Spray Naloxone Vial/Syringe	Bupropion SR Chantix® / Dose Pack Nicotine Gum Nicotine Lozenge Nicotine Patch Nicotrol® NS Nicotrol® Inh/Cart
MAT (MEDICATION ASSISTED TREATMENT)		
Buprenorphine (SL) Suboxone® Film Buprenorphine/naloxone SL tab Vivitrol® Inj Sublocade™ Inj	Additional information regarding MAT guidelines may be found at: <a href="http://southcarolina.fhsc.com/providers/documents.asp">http://southcarolina.fhsc.com/providers/documents.asp</a>	